

Dockets Management Branch (HFA-305)
Docket No. 98N-1265 8051 '99 JUN -1 AIO:01
Food and Drug Administration
5600 Fishers Lane
Rockville, MD. 20857

I OPPOSE THE DRAFT M.O.U. being proposed by the FDA. In particular, I OBJECT to the definition of "inordinate amount" which restricts the availability and the right to obtain medically necessary compounded medications by limiting the number of prescriptions that can be shipped across state lines from specialized compounding pharmacies.

Michelle Schall
Signature

5 25 99
Date

COMMENTS: Sirs, I have been taking Compounded
Hormones for 2 years Now. After A Hysterectomy
they prescribed the Synthetic Kind, I was so sick
I Couldn't get out of bed so these were prescribed
they helped immediately, I feel great. With out
these I will not take any thing, that's my death
sentence I feel because, at 36 I already have

Osteoporosis. I don't feel you people have a
weight to take my god given weight to take what
I need, to live a productive life, away from me.

You gyes approve drugs that end up causing
death ect. all the time. I comes down to money?

All you will be doing is protecting the pharmacy's money.
they don't want to jump on and give the consumer
a safe natural thing because they can't have a

full rights to these. That is wrong. You gyes are here
to protect, help & give the consumer safe things, you
not here to protect the Pharmacy's money → C2951

Please fold, seal, and mail by June 1

98N-1265

DOCKETS MANAGEMENT BRANCH (HFA-305)
DOCKET NO. 98N-1265
FOOD AND DRUG ADMINISTRATION
5600 FISHERS LANE
ROCKVILLE, MD. 20857

Place
Stamp
Here

Michelle Schaff
2201 Shumway
Laurel, MD 20709

I am asking you to Please put the peoples lives
first for once. your saving Millions of Womens & Mens
lives. Mine being one. I will not & Can not take the
Horse or Synthetic Estrogen. If they didnt work the
Pharmacy wouldnt be complaining. Once again I
hope this time you will protect the consumer
not the Company's wanting money, for there Version
that caused cancer. We need your help and we
need to have our good given weight back. Please
dont take that away from us

Michelle Schaff

The sender has requested notification upon delivery.
Immediately upon receipt, please telephone:

Name: _____

Tel. No.: () _____



0000

82609
MAY 27, '99
AMOUNT

\$11.75
00028004-11



**EXPRESS
MAIL**

UNITED STATES POSTAL SERVICE

www.usps.gov



UNITED STATES POSTAL SERVICE™

POST OFFICE TO ADDRESSEE

EI917560746US

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 11.75
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt <input type="checkbox"/>
Weight lbs ozs	Int'l Alpha Country Code	C.O.D. <input type="checkbox"/>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 11.75

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Date of Delivery	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Signature of Addressee or Agent	X [Signature]	
Name - Please Print	X [Name]	

CUSTOMER USE ONLY

**TO FILE A CLAIM FOR DAMAGE OR LOSS
OF CONTENTS, YOU MUST PRESENT THE
ARTICLE, CONTAINER AND PACKAGING.**

☐ **WAIVER OF SIGNATURE** (Domestic Only): I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature _____

FROM: (PLEASE PRINT)

PHONE _____

TO: (PLEASE PRINT)

PHONE _____

FOR PICKUP OR TRACKING CALL 1-800-222-1811



Label 11-B October 1995

Addressee Copy

